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ABSTRACT

In answer to a question about the inclusion of multiply handicapped children into the scope of the Council for Exceptional Children's Division on Physically Handicapped and Homebound, the author reviews the confusion over the term severely handicapped, describes the complimentary role of the American Association for the Education of the Severely/Profoundly Handicapped, and notes that cerebral palsied individuals (the majority of whom are multiply handicapped) have for a long time been considered as a subgroup of the orthopedically handicapped. (CL)

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Council for Exceptional Children

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Conrad Hilton

"Will Inclusion of the Multihandicapped Necessarily Cripple DOPHHH?"

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"What is the Question?"

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WHAT IS THE QUESTION?

The question has been asked, "Will the inclusion of the multihandicapped necessarily cripple DOPHHH?" The answer, in my opinion, is No. One reason the answer is No stems from the first tenet in the DOPHHH statement of purpose which says: One of the reasons we exist is . . . "to promote the education and habilitation of individuals with crippling and health impairments," (Footnote 1, DOPHHH Policy Guidebook: A Guide for Officers and Chairmen, Division on Physically Handicapped, Homebound and Hospitalized, reprinted July 1975) which, in my judgment, implies multihandicapped. A second reason seems to me to be that, for the past 10 years, the largest subgroup in classes for the orthopedically handicapped has been the cerebral palsied, where most, by the nature of their diagnosis, are multihandicapped. The question "Will the inclusion of the multihandicapped necessarily cripple DOPHHH?" may have been asked to have us examine the direction of DOPHHH. Undoubtedly, continuous evaluation is the way to maintain the proper direction and provide the appropriate services. My interpretation is that a major issue is at hand in the propriety of that newly organized group, the American Association for the Education of the Severely/Profoundly Handicapped. This group may well be considered a threat to DOPHHH. It could appear that DOPHHH hasn't been meeting the needs of the OH population and this group stepped in to act as advocates. From my point of view, this is not the case and this new organization is not a threat to DOPHHH, but, rather, a needed organization which can play the role of the advocate for people who, for many years, have been denied

services because they "somehow" didn't quite fit into what educators of the past thought was education. Actually, AAES/PH and DOPHHH are both serving different populations than we knew 20 years ago. That many years ago, OH classrooms in special schools and OH classes in regular schools were comprised primarily of students with "normal" IQs who had sufficient mobility and dexterity to accomplish traditional school work. The students were expected to complete the usual coursework for students in regular grades. Curriculum, at that time, was Reading, Riting, Rithmetic, science, health, general language, art, music, P.E. and any other subjects that could be worked into the school day.

Philosophies change. We've had to shift gears in the ensuing years. As the ambulatory students were being integrated into regular schools, more and more nonambulatory students were admitted to special schools. As the so-called "normal" IQ groups left to make their way in the regular schools, they were replaced by students who were retarded. Where we used to talk about "our children" and meant all those cute little kids who, sitting at their desks, looked normal, we now talk about "our children" and mean those (they're still cute little kids) who may not be able to sit at a desk--they may remain in wheelchairs (now usually electric--finger, foot, mouth, head or eye operated) or they may be in standing tables when out of wheelchairs or maybe on cots or beds because of the severity of their disability. Where we used to talk about "our children" and the wonderful things they said, we now have children who have no communicative speech and those wonderful little sayings come from communication boards and sometimes through special symbol systems. Where we used to have the

opportunity to teach reading of math groups, now most academics and maybe most school activities are individualized.

In essence, where we once dealt with students who, in most cases, could hardly be thought of in any other way than "normal," they are now typically so severely involved that we must be alert to the things they do or say or feel that show positive growth and encourage them to continue to develop along these normal lines. As was stated in the beginning, the complement of the typical OH classroom is such that students now are labeled multihandicapped. There are large numbers of students who are moderately or severely involved CPs who are slow learners or disabled learners or minimal brain damaged students or whatever label is used.

There is a need for much greater awareness of the necessity of serving children on the basis of both their educational and physical needs.

I think, at this point, I need to raise some questions that I hope will generate discussion or begin a dialogue among us that will lead to the solutions we are all seeking.

1. Can the professionals involved in teacher training develop programs to train teachers at the infant stage, the pre-school stage, the beginning school stage, the all encompassing school age, adult programming, etc.?

2. Even though we talk about people with disabilities as being more like the so-called able bodied than different, it still seems to be the differences that are emphasized in special education. Is it possible to emphasize the differences but shift our thinking in such a way that we place more emphasis on ability than on disability?

3. Do we need to place a greater emphasis on physical and occupational therapy? Should teachers have some training in those areas?

4. Should there be a greater emphasis on language development and, again, should teachers have more training in that area?

5. Should there be a greater appreciation for the role of the paraprofessional and/or aide and should preparatory programs require practicum experiences that include training or directing an aide or aides?

6. Should there be a closer alliance with agencies such as United Cerebral Palsy Associations, Inc., National Association for Retarded Citizens, and the National Easter Seal Society?

7. Should there be a greater emphasis on adaptive, assistive and rehabilitative equipment?

8. If the children we see are more severely involved, should there be a greater emphasis on education (since, for competitive employment, it is axiomatic that the more severe the physical involvement, the higher the educational skills have to be) or should there be less emphasis on abstract education and more on a practical education such as is embodied typically in programs for children who are labeled retarded?

If, as these questions suggest, we are talking about students who are multihandicapped, then how do we define this group? Are they severely handicapped? (I have yet to see a definition of the severely handicapped that clearly indicates there is an orthopedic disability.) If they have multiple handicaps, does that refer to deaf-blind and cerebral palsy? Are we talking about tuberous sclerosis in which you typically find epilepsy but also typically find mental retardation and/or autism? Are we

talking about neurofibromatosis (von Recklinghausen's Disease) in which you may also find epilepsy but more typically will find scoliosis and, again, will find retardation? How about OH-deaf or OH-blind? Can we serve all these children? Somebody has to. I want to be able to. In the final analysis, I believe there are two major issues or questions for DOPHHH:

1. Who are the multihandicapped we can best serve?
2. What direction do we want to take?

Let's get together and find the answers.